

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		FEC IDENTIFICATION NUMBER ▼ C C00111278	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Eu Services		Date M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6	
Mailing Address P.O. Box 75241		Amount 451.65	
City State Zip Code Baltimore MD 21275-5241		Transaction ID: E0EFBF80EBBB74E4C9BF	
Purpose of Expenditure H2KY04071 Bulk Mail- ing		Office Sought: <input checked="" type="checkbox"/> House State: KY <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Geoff Davis		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3180.38		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2006	
Full Name (Last, First, Middle, Initial) of Payee Eu Services		Date M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6	
Mailing Address P.O. Box 75241		Amount 5435.06	
City State Zip Code Baltimore MD 21275-5241		Transaction ID: E66707E8EB71E4AAABB9	
Purpose of Expenditure S2OH00113 Shipping		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: RICHARD MICHAEL DEWINE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 70977.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2006	
(a) SUBTOTAL of Itemized Independent Expenditures		451.65	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Carol Tobias Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 9	